



**TEXAS BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS**

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|-----------------------|
| Office Use Only       |
| Trans. #<br>LSLS 1004 |
| Entity #              |
| Receipt #             |

**Licensed State Land Surveyor Exam:  
Update Application**

This application is to be submitted only after your initial application has been approved by the Board. Please print neatly. Answer all questions pertaining to information that has changed since the submission of the original application.

**A check or money order made payable to TBPELS, in the amount of \$80, must accompany this application** (military service members are exempt- see section 3) **and is non-refundable.** However, this fee can be postponed **one time** if the applicant notifies the Board that they need to move exams at least 10 days prior to the exam they have applied for.

**1. General Information**

Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm Number \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Present Position \_\_\_\_\_

**2. Other Registrations**

Registration Number as a Registered Professional Land Surveyor in Texas \_\_\_\_\_

Registration Date \_\_\_\_\_ License Current To \_\_\_\_\_

Has your license ever been revoked? \_\_\_\_\_ If so, specify?

**3. Military Service**

Application and examination fees are waived for all military service members or military veterans. This form must be accompanied by official documentation confirming the applicant's military status. If documentation is not submitted, the applicant will be required to pay the application and examination fees.

Please indicate all that apply:  Military Service Member  Military Veteran

#### 4. Professional Surveying Experience

Please complete the following:

| DATE   |            | Title of Position; Name of Employer;<br>Character of Work Performed;<br>Responsibility; Location of Each<br>Engagement | Time<br>(Years and Months)              |  |                   | Name and Present<br>Address of<br>Supervisor or<br>Employer<br>(Not Deceased) |
|--|------------|--|---|--|-------------------|---|
| From date of<br>Registration<br>as R.P.L.S.          | To Present |  | (1) Total Time<br>(Actual)<br>Yrs. Mos. | (2) From date<br>of<br>Registration<br>as R.P.L.S. | (3) To<br>Present |   |
|  |            |  |   |  |                   |   |
|  |            |  |   |  |                   |   |
|  |            |  |   |  |                   |   |
| TO BE COMPLETED BY APPLICANT – Summary (Actual Time) |            |  |   |  |                   |   |
|  |            |  |   |  |                   |   |

#### 5. Certification

I hereby certify, under penalty of law, that the information contained herein is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date